ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No. 209	
1. PLACE OF BIRTH STANDARD CEI	RTIFICATE OF BIRTH
County Illa	State Ungona
District or Township or Village	
City St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Mutchel Vitkovich [If child is not yet named, make supplemental report, as directed.]	
3. Sex of Child   To be answered ONLY   4. Twin, triplet or of	ther
Mall.   in event of plural   5. No., in order of bir	of birth // OV X/
8. Full name Nick Vilkovich	14. Full maiden name Stella Vidak
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If non-resident, give place and state. Array	If non-resident, give place and state.
10. Color or race	16. Color or race
White 11. Age at last birthday 43 (Yea	are) White 17. Age at last birthday 29. (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Westria	(State or country) Question
13. Occupation	19. Occupation
Nature of Industry Meat culler	Nature of industry Nauscung
20. Number of children of this mother (a) Born aliv	ve and now living 3 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)  (b) Born ali (c) Stillborn	ive but now dead
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was (Born aliye er stillbarn)	
* When there was no attending physician or midwife, then the father, householder, Signature	- CWadayus
etc., should make this return. A stillorn >	Physician
shows other evidence of life after birth.  Given name added from	Boy 636 yerla (Physician or Attitivity).
a supplemental report Month, day, year	s proposed the second
Filed.	12/7 , 1929 3, E, Washerman Registrar
458-1130-252	, Alegistia
MF.	